

FEB 25 2010

MARIN COUNTY ELECTIONS

CG

Please type or print in ink.

Cal 4r. 2009

10 MAR -1 AM 11:26

Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Adams	Susan	L.	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
ZIP CODE	OPTIONAL: E-MAIL ADDRESS		
[REDACTED]	[REDACTED]		

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Board of Supervisors

Division, Board, District, if applicable:

Your Position:

District 1 County Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

See attachment

Position:

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☒ County of Marin, California

☐ City of

☐ Multi-County

☐ Other See attachment

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: / /

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / /, through December 31, 2009.

☐ Leaving Office Date Left: / / (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is / /, through the date of leaving office.

☒ Candidate Election Year: 2010

**4. Schedule Summary**

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☒ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☒ Yes - schedule attached  
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2-25-10

Signature

(File the originally signed statement with)



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name <u>Susan L. Adams</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE <u>CSAC</u>
ADDRESS (Business Address Acceptable) <u>1100 K St. #101 Sac, CA 95814</u>
CITY AND STATE <u>Sacramento, CA</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE 
DATE(S): <u>Cal Yr 2009</u> AMT: \$ <u>187.00</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Meals at CSAC + NACo</u> <u>events sponsored by corporate</u> <u>sponsors.</u>

▶ NAME OF SOURCE <u>Nielson, Merksamen, et. al.</u>
ADDRESS (Business Address Acceptable) <u>2350 Kerner Blvd. #250</u>
CITY AND STATE <u>San Rafael, CA 94901</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>County paid State lobbyist group</u>
DATE(S): <u>5/27/09</u> AMT: \$ <u>42.40</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: <u>Dinner with County</u> <u>lobbyist at CSAC mtg.</u>

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ AMT: \$ ____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ AMT: \$ ____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

Comments: \_\_\_\_\_

**California Form 700 for year ~~2008~~ 2009**

**Re: Susan L. Adams, Marin County Board of Supervisors (board member)**

**Other Boards and Commissions:**

**CG** Association of Bay Area Governments (ABAG) (Director)  
Bay Area Conservation and Development Commission (BCDC) (Alternate Director)  
California State Association of Counties (CSAC) (Director)  
Gateway Improvement Authority (Member)  
Gateway Refinancing Authority (Member)  
Local Agency Formation Commission (LAFCO) (Director)  
Marin County Capital Improvements Financing Authority (Member)  
Marin County Disaster and Citizen Corps Council (Chair) and Director of EOC  
Marin County Flood Control & Water Conservation District (Member)  
Marin County Housing Authority (Director)  
Marin County Joint Powers Authority Oversight Committee (Alternate member)  
Marin County Judicial Committee (Member)  
Marin County Major Crimes Task Force (Alternate Member)  
Marin County Parks and Open Space (Director)  
Marin County Redevelopment Agency (Director)  
Marin County Transit District (Director)  
Marin Telecommunications Agency (MTA) (Alternate Director)  
Mental Health Board (Alternate Director)  
Transportation Authority of Marin (TAM) (Director)